

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Oct 29, 2003 8:00
Secretary of State

1. DOCUMENT # **L01000014168**
 Name and Mailing Address

0005211 01 AT 0.292 **AUTO T1 0 0615 33062-672311



ECHO ADVISORY OF FLORIDA, LLC
 811 SE 22ND AVE.

11
 POMPANO BEACH FL 33062-6723



2. New Mailing Address 1711 NW 86th Ave.		4. State/Country of Formation FL	
City, State, Zip Plantation, FL 33322		5. Date Organized or Qualified To Do Business in Florida 08/15/2001	
Principal Place of Business 811 SE 22ND AVE. 11 POMPANO BEACH FL 33062	3. New Principal Place of Business Address 1711 NW 86th Ave.	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
City, State, Zip Plantation, FL 33322		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent GLUCK, LYLE EDWARD 811 SE 22ND AVE. 11 POMPANO BEACH FL 33062		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 200024166162 10/27/03--01056--022 **155.00 City FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **10-23-03**
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SOHENKER, LARRY	811 SE 22ND AVE #11	POMPANO BEACH FL 33062
MGRM	GLUCK, LYLE	1711 NW 86 th Ave.	Plantation, FL 33322
REINSTATEMENT 2003			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date **10-23-03** Daytime Phone # **561-212-6936**

Typed or printed name of signing Managing Member/Manager **LYLE F GLUCK**

CR2E034 (7/03)